

## **Chronological Annotated Bibliography on Sex Offender Treatment**

*from the Texas Resource, Fall 1996*

**Hall, G. C. N. (1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consulting and Clinical Psychology*, 63 (5), 802-809.**

Hall performed a meta-analysis on 12 recent studies of treatment with sexual offenders (n=1,313). A small, but robust, overall effect size was found for treatment versus non-treatment. The recidivism rate was 19% for treated sexual offenders versus 27% for untreated sex offenders. Cognitive-behavioral treatment and hormonal treatment were significantly more effective than behavioral treatments, but were not significantly different from each other. However, Hall believes that cognitive-behavioral treatment has an advantage over hormonal treatment due to the higher refusal and dropout rate for hormonal treatment.

**McGrath, R. J. (1995). Sex offender treatment: Does it work? *Perspectives*, Winter , 24-26.**

McGrath focuses on three questions: Is treatment effective in reducing re-offenses; is treatment cost-effective; and is treatment effective in addressing the needs of victims. The author concludes "yes" to all three questions. He discusses a study by Alexander (1993) which examined over 60 studies and found a recidivism rate of 10.9% for treated sex offenders versus 18.5% for untreated sex offenders. McGrath examines expenditures by the state of Vermont to discuss cost-effectiveness. He computes that a 1% decrease in recidivism among treated sex offenders results in a savings of \$35, 028 to the state. When the recidivism rate decreases by 8%, as shown in the Alexander study, the state saves over 1 million dollars.

**Marshall, W. L. & Pithers, W. D. (1994). A reconsideration of treatment outcome with sex offenders. *Criminal Justice and Behavior*, 21 (4), 10-27.**

Marshall and Pithers analyzed the study by Furby et al. (1989) and found several deep flaws: outdated programs, potential biases against treatment effects, and duplication of data. Of the 55 studies reviewed by Furby et al., only 15 were published after 1978. Marshall and Pithers calculated that "a significant number of offenders in even the 12 most recent treatment outcome articles cited by Furby et al. exited treatment in 1959." At least 10 of the 30 treatment outcome studies in the analysis involved overlapping populations.

**Meyer, W. J., Cole, C. M., & Emory, E. (1992). DepoProvera treatment for sex offending behavior: An evaluation of outcome. *Bulletin of the American Academy of Psychiatry and the Law*, 20 (3), 249-259.**

This article discusses the authors' experiences with the use of DepoProvera in managing sex offenders in their Galveston clinic. They report on some of the successes, as well as the side effects, of using medroxyprogesterone in sex offender treatment.

**Furby, L., Weinrott, M. R., & Blackshaw, L. (1989). Sex offender recidivism: A review. *Psychological Bulletin*, 105 , 3-30.**

These authors analyzed all of the studies to that point (n=55) and concluded that there was "no evidence that treatment effectively reduces sex offense recidivism." They stated that perhaps the treatment modalities being developed at that time would prove to be more effective.

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